

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-------------|
| FEE DETERMINATION | MW | | 11-15 |
| O.I.P.E. CLASSIFIER | | | 10 11-27-01 |
| FORMALITY REVIEW | TN | 1091 | 11/28/01 |
| RESPONSE FORMALITY REVIEW | HL | 1074 | 01/02/02 |

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral) ... Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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530
11-28-01
050
12-05-02